			Date 17277 # pgs ()
Dutchess County Department of Planning and Development		Dept	From
		Fax#	Phone #
239 Planning/Zo	ning Re	ferral – Exem	ption Communities
Municipality:	20 14	BERKON	
Referring Agency: Planning Board		☐ Zoning Board of Appea	als 🏻 Municipal Board
Tax Parcel Number(s):	•		
Project Name: LL Wireles	is Teleco	mmunication se	rvice facilities
	ouncil		
Address of Property:			
Parcel(s) within 500 feet of: State Road County Road State Property (w/public building or recreation area) County Property (w/public building or recreation area) Municipal Boundary Farm operation in an Agricultural District	Compreher Zoning Ame definitions, of Rezonings Other Local (wetlands, h housing, ard Site Plans (Special Per	equiring 239 Review nsive/Master Plans endments (standards, uses, district regulations, etc.) involving all map changes I Laws associated with zoning distoric preservation, affordable chitectural review, etc.) all) mits for all non-residential uses des for all non-residential uses des for all non-residential uses	239 Review is NOT Required Administrative Amendments (fees, procedures, penalties, etc.) Special Permits for residential uses (accessory apts, home occupations, etc.) Use Variances for residential uses Area Variances for residential uses Renewals/Extension of Site Plans or Special Permits that have no changes from previous approvals Subdivisions / Lot Line Adjustments Interpretations
Date Response Requested (if less than			
If subject of a previous referral, please n	ote County referral	number(s);	

Response from Dut		COUNTY OFFICE USE ONLY ty Department of Planning	and Development		
No Comments:	Comments Attached:				
Matter of Local Concern	n ☐ Local Concern with Comments				
☐ No Jurisdiction	☐ Conditional				
☐ No Authority	☐ Denial				
☐ Project Withdrawn	☐ Incomplete — municipality must resubmit to County				
☐ Exempt from 239 Revie					
☐ Informal Comments Only (Action Exempt from 239 Review)					
Date Submitted: \2\2\\g	Notes: Accience by Fax on 12/24/18		☐ Major Project		
Date Received: 22 24/19					
Date Requested: 2/4/18			Referral #: Z K 18 - 40 5		
Date Required: 1/22/19	☐ Also mailed	(1		
Date Response Faxed: 12/27/18	hard copy	Reviewer: Kully	Wyz		